

27123

↑CUSTOMER NUMBER↑

Docket No. 2629-4005US4

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Attila T. Lorincz et al  
Serial No.: 09/970,477  
Filed: October 4, 2001  
For: ASSESSMENT OF HUMAN PAPILLOMA VIRUS-RELATED DISEASE  
Confirmation No: 2780  
Group Art Unit: 1634  
Examiner: Johannsen, Diana B.

**INFORMATION DISCLOSURE STATEMENT**

Mail Stop 313(c)  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attn: Office of Petitions

Sir:

Pursuant to Rule 56, applicant hereby calls the attention of the Patent Office to the references listed on the attached Form PTO 1449.

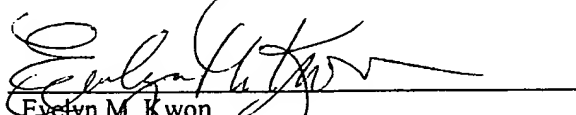
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Respectfully submitted,  
MORGAN & FINNEGAN, L.L.P.

Dated: March 2, 2007

By:

  
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**OFFICE OF PETITIONS**

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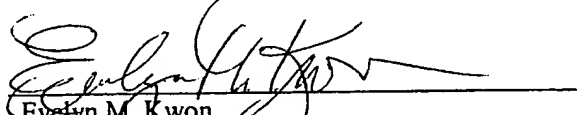
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<b>FORM PTO-1449A</b>  <b>INFORMATION DISCLOSURE CITATION</b>	Attorney Docket: 2629-4005US4	Serial No.: 09/970,477
	Applicant: Attila T. Lorincz, et al.	
	Filing Date: October 4, 2001	Group Art Unit: 1634

### U.S. PATENT / PUBLICATION DOCUMENTS

Examiner Initial		Patent/Publication Number	Publication/Issue Date	Name	Filing Date
	1.	5,527,898	June 18, 1996	Bauer et al.	June 7, 1995
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
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### FOREIGN PATENT DOCUMENTS

Examiner Initial		Patent Number	Publication Date	Country	Copy Filed	Translation
	15.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	16.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	17.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	18.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	19.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	20.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A

Examiner	Date Considered
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